### **Late Contribution Report**

### Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Meg Whitman for Governor 2010			Date of This Filing 03/23/2010	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER (408)400-3887	I.D. NUMBER (if applicable) 1315455		Report No		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 1 of 3	
CITY Cupertino	STATE CA	ZIP CODE 95014	(explain below)  No. of Pages3		
			•		

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/22/2010	Greg Becker Menlo Park, CA 94025	IND COM OTH PTY SCC	President Silicon Valley Bank	\$2,000.00
03/22/2010	Ronald Berberian Stockton, CA 95207	IND COM OTH PTY SCC	CEO Bank of Agriculture & Commerce	\$5,000.00
03/22/2010	James Houston Palm Springs, CA 92262	IND COM OTH PTY SCC	CEO Urban Projects	\$10,000.00

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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STREET ADDRESS		Amendment to Report No.	Page 2 of 3				
CITY Cupertino	STATE ZIP CODE (explain below) CA 95014  No. of Page						
Late Contribution(s) Rec	eived						

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/22/2010	Kindred Healthcare, Inc. Louisville, KY 40202	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000.00
03/22/2010	Robert Shapiro Studio City, CA 91604	IND COM OTH PTY SCC	Owner Woodbridge Structured Funding	\$2,000.00
		IND COM OTH PTY SCC		

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STREET ADDRESS			to Repo	Amendment to Report No.			Page 3 of 3				
CITY STATE ZIP CODE CA 95014		ZIP CODE 95014	(explain bel	of Pages3		-					
Late Contr	ibution(s) Made										
DATE MADE	FULL NAME, MAILING ADDRES (IF COMMITTEE, AL					TE AND OFFIC OR ND JURISDIC		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)		

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC